

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>3/31/05</u>		2 Serial/Patent # <u>10/516333</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other <u>Declaration</u>			\$ <u>130</u>
		7 TOTAL AMOUNT OF REFUND		\$ <u>130</u>
8 REASON:		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check ✓	
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	No Fee Due (Explanation):	9	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; text-align: center; line-height: 20px;"> -- </div>	
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>		
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140 ext 231</u>		
OFFICE: <u>DO/EO</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: